

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 1, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. The office visits from 7/11/03 through 8/11/03 were found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 14, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	MAR	EOB Denial Code	Rationale
6/24/03	99213	\$60.00	\$0.00	\$48.00	N	Review of the daily treatment log for each disputed date of service, does not meet the documentation criteria set forth by the 1996 Medical Fee Guideline. Therefore the requestor is not entitled to reimbursement of the disputed services.
6/25/03	99213	\$60.00	\$0.00	\$48.00	N	
6/30/03	99213	\$60.00	\$0.00	\$48.00	N	
8/4/03	97014	\$18.00	\$0.00	\$14.91	G	Review of the Medicare CCI edits revealed that CPT code 97014 is not bundled in any of the other services rendered on the
8/5/03	97014	\$18.00	\$0.00	\$14.91	G	
8/7/03	97014	\$18.00	\$0.00	\$14.91	G	

8/13/03	97014	\$18.00	\$0.00	\$14.91	G	disputed dates of service. Therefore the requestor is entitled to reimbursement in the amount of \$59.64.
TOTAL		\$252.00	\$0.00	\$203.64		Reimbursement is recommended in the amount of \$59.64

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 7/11/03 through 8/13/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4th day of November 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

August 4, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-3304-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: letter of medical necessity, office notes, physical & occupational therapy notes, work conditioning evaluation & flowsheet, and daily treatment log, radiology reports

Information provided by Respondent: correspondence, office notes, treatment logs, and evaluations.

Clinical History:

The claimant is a 39-year-old male who was involved in a work-related event on _____. He noted a pop in the left knee and immediately experienced pain. Chiropractic evaluation on 06/20/03 revealed the possibility of left meniscal tear. MR imaging of the left knee on 06/27/03 revealed a small tear in the posterior horn of the medial meniscus, tear of the proximal anterior cruciate ligament (ACL), and medial collateral ligament strain with mild edema. The claimant was put into an off-work status on 06/20/03 from 06/24/03 through 08/13/03. The worker was treated in 12 sessions. Medial meniscus repair was performed on 07/24/03. Functional capacity evaluation (FCE) was performed on 08/27/03, which revealed that the claimant was a candidate for a work-conditioning program.

Disputed Services:

Office visits from 07/11/03 thru 08/11/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the office visits from 07/11/03 through 08/11/03 were medically necessary in this case.

Rationale:

The provider has established sufficient medical records that include 06/20/03 examination, 06/27/03 MR imaging of the left knee, and surgical report on 07/24/03 that justify therapeutics rendered from 07/11/03 through 08/11/03.

The carrier's decision for denial of the provider's office visits from 07/11/03 through 08/11/03 is based upon peer review that was not forwarded for this review. The claimant

had a surgical procedure to correct left knee pathology that included medial meniscal tear on 07/24/03.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Matthews, T., et al *Recovery of Muscle Strength Following Arthroscopic Meniscectomy*. J. Orthop. Sports Phys. Ther. 1996 Jan: 23(1): 18-26.
- St-Pierre, D. M. *Reputation Following Arthroscopic Meniscectomy*. Sports Med. 1995 Nov: 20(5): 338-47.